## 915000090200

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Amanda Miller -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195  REFERENCE : 551006 74244  AUTHORIZATION : COST LIMIT : \$ 35.00	33)		
ORDER DATE : July 15, 2024  ORDER TIME : 9:26 AM  ORDER NO. : 551006-083  CUSTOMER NO: 7424433	TO CATCA	1-1100	
CHANGE OF AGENT  NAME: DHL AVIATION (AMERICAS), INC.	SEE, FL	M 8: 1,6	1 Day
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX PLAIN STAMPED COPY			

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida on organized under the laws of the State of or registered agent, or both, in the State of I	Florida	<u> </u>	
	the corporation:				
2. The principal	office address: 1210 South Pine	Island Road, Plantation, FL 33324			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 11/04/201	Document number: P15000	090200		
	d street address of the current regi rtment of State: (If resigned, enter	stered agent and registered office on file w resigned)	ith the		
	C T Corporation System		_		
	1200 South Pine Island Road		_		
	Plantation	FL 33324	_	**	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered of	fice		• •
	Corporation Service Company		33	~~ <b>.</b>	
	1201 Hays Street		338 SEE_S	<b>A</b>	70-42
	Tallahassee	P.O. Box NOT acceptable  FL 32301	TATE	9+1 :8	** 1
The street addre	ess of its registered office and the be identical.	street address of the business office of it	s registe	ered ag	gent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an open notified in writing of the change.	officer.	so	
/s/ Kevin Co	oles	Kevin Coles, Vice President			
I hereby accept I further agree t of my duties, an document is bei corporation has	to comply with the provisions of i	Printed or typed name and til gent and agree to act in this capacity. all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address, I hereb shange.	inlete pe	erform Or, ij rm thai	ance fthis tthe
Bv: ( 2)	melei	08/07/2024			
ŭ	nature of Registered Agent half of an entity:	Date			
0 0	•				
· · · · · · · · · · · · · · · · · · ·	, Asst. Vice President  /ped or Printed Name	-			
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\* \* \* FILING FEE: \$35.00 \* \* \*